

**A L E R T**

March 1, 2023

**TO: All DME Providers****RE: Update to ostomy supply coverage policy**

Effective for dates of service on or after April 1, 2023, Alabama Medicaid Agency will cover the below ostomy supply procedure codes. The procedure codes listed below will be subject to maximum allowed units per year. Refer to the DME Fee Schedule on Medicaid's website for reimbursement rates and benefit limits for covered equipment and supplies:

[http://medicaid.alabama.gov/content/Gated/7.3G\\_Fee\\_Schedules.aspx](http://medicaid.alabama.gov/content/Gated/7.3G_Fee_Schedules.aspx).

Procedure code	Procedure code description	Maximum allowed units
A4407	Ext wear ost sknbarr <=4SQ"	2 units per week/104 units per year
A4409	Ost skin barr convex <=4 SQ I	2 units per week/104 units per year
A4408	Ext wear ost skn barr >4SQ"	2 units per week/104 units per year
A4410	Ost skn barr extnd >4 SQ	2 units per week/104 units per year
A5056	1 pc ost pouch w filter	2 units per week/104 units per year
A5057	1 pc ost pou w built-in conv	2 units per week/104 units per year
A4425	Ost pch drain for barrier fl	2 units per week/104 units per year
A4391	Urinary pouch w ex wear barr	2 units per week/104 units per year
A4393	Urine pch w ex wear bar conv	2 units per week/104 units per year
A4428	Urine ost pouch w faucet/tap	2 units per week/104 units per year
A4430	Ost urine pch w b/bltin conv	2 units per week/104 units per year
A4416	Ost pch clsd w barrier/filtr	3 units per week/156 units per year
A4419	Ost pch for bar w flange.flt	3 units per week/156 units per year
A4406	Pectin based ostomy paste	3 units per week/156 units per year
A4413	2 pc drainable ost pouch	2 units per week/104 units per year
A4424	Ost pch drain w bar & filter	2 units per week/104 units per year
A4432	OS pch urine w bar/fange/tap	2 units per week/104 units per year
A4435	1pc ost pch drain hgh output	2 units per week/104 units per year
A5073	Urinary pouch on barr w/flng	2 units per week/104 units per year
A4371	Skin barrier powder per oz	2 units per year
A4396	Peristomal hernia support blt	2 units per year

Policy questions concerning this provider notice should be directed to the DME Program at (334) 242-5050.